

Independent Medical Review Final Determination Letter

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[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/26/2013

IMR Case Number:	CM13-0018175	Date of Injury:	10/21/2008
Claims Number:	[REDACTED]	UR Denial Date:	07/31/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
PHYSICAL THERAPY 3XWKX6WKS CERVICAL			

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of August 29, 2009.

Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy; trigger point injections; adjuvant medications; topical agents; attorney representation; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of August 23, 2013, the claims administrator denied the request for 18 sessions of physical therapy. The applicant's attorney subsequently appealed, on August 29, 2013.

A progress note of August 26, 2013 is notable for comments that the applicant went to the ER with severe flare-up of pain on August 21, 2013. The applicant exhibits tenderness about the shoulders, neck, back, and knees. The applicant is asked to consult the pain management specialist and pursue acupuncture and chiropractic manipulative therapy while remaining off of work, on a total temporary disability, for additional four to six weeks.

An earlier note of June 14, 2013 is also notable for comments that the applicant reports multifocal neck, shoulder, mid back, low back, and knee pain. The applicant is depressed and exhibits tenderness in multiple body parts on exam. Recommendations are made for the applicant to remain off of work, on total temporary disability, while continuing home exercises and physical therapy.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Physical Therapy three (3) times a week for six (6) weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98- 99, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 8 & 99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The applicant has had prior unspecified amounts of physical therapy over the life of the claim. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does note there must be demonstration of functional improvement at various milestones of the treatment program so as to justify continued treatment. In this case, however, there is no such evidence of functional improvement so as to justify additional therapy at this point in time. The fact that the applicant remains off of work, on total temporary disability, and continues to pursue numerous interventional injection procedures and continues to use numerous medications, taking together, implies a lack of functional improvement as defined in MTUS 9792.20f. It is further noted that page 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorses tapering or fading the frequency of physical therapy over time. The original request, as written, however, is for therapy at a rate of three times a week. This is not indicated, given the chronicity of the applicant's complaints. **The request for Physical Therapy three (3) times a week for six (6) weeks is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0018175